

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3	1					
4	1					
5	1					
6		2				
7	1					
8		1				
9		2				
10		0				
11		0				
12		0				
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50						
TOTAL IND.	5					
TOTAL DEP.	14					
TOTAL CLAIMS	19					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL CLAIMS						